## CHANGE OF ACCOUNTING PERIOD

Form **990** 

SCANNED SEP 3 0 2019

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service  Do not enter social security numbers on this form as it may be made public.  Open to www.irs.gov/Form990 for instructions and the latest information.										
					SEP 30, 2018	/ Inspection				
_	Check If		organization	anoing (	D Employer identifi	<del></del>				
	pplicat	ie. C Name C	organization		D Employer Identil	Cation number				
X	Addre	THE	NEW BOSTON PRIDE COMMITTEE, INC.							
Ē	Name		usiness as BOSTON PRIDE	·····	04-3	488006				
	initial returr		and street (or P.O. box if mail is not delivered to street address)							
	Final	.   12 0	HANNEL STREET NO. 504		E Telephone numbe (617					
	termi ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	697,394.				
		ded BOCT	ON, MA 02210		H(a) is this a group r	eturn				
	Appli Non	<sup>ca-</sup> F Name a	nd address of principal officer:LINDA DEMARCO		for subordinates					
	pend		AS C ABOVE	20	H(b) Are all subordinates i	ncluded? Yes No				
				or (	7 If "No," attach a	list. (see instructions)				
			BOSTONPRIDE.ORG	W	H(c) Group exemption					
			X Corporation Trust Association Other >	L Year	of formation: 1999 i	M State of legal domicile: MA				
P	ırt I	Summary		(						
ø	1		e the organization's mission or most significant activities: THE							
and			ERVING THE LESBIAN, GAY, BISEXUAL							
Activities & Governance	2		x 🕨 📖 if the organization discontinued its operations or dispo			ssets.				
Š	3	Number of vo	ing members of the governing body (Part VI, line 1a)	4 **** *****	3	7				
<b>ø</b>	4		ependent voting members of the governing body (Part VI, line 1b)			<del></del>				
ž			of individuals employed in calendar year 2017 (Part V, line 2a)			150				
3			of volunteers (estimate if necessary)			0.				
Ą			business revenue from Part VIII, column (C), line 12			0.				
	<u>D</u>	Net unrelated	business taxable income from Form-890-T, line 34	<u></u>						
Revenue	١.	Contributions	RECEIVED I	/  -	Prior Year 453,000.	Current Year 620,025.				
	8	Dua	and grants (Part VIII, line 1h)	<i></i>	0.	020,023.				
Š	9	Program servi	ce revenue (Part VIII, line 2g) come (Part VIII, column (A) lines 3, 4, and 7d) 2019	<b>∀</b>	992.	28.				
æ		Other severe	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<i>╅┈</i> ⊢	73,878.					
	11 12		- add lines 8 through 11 (must equal Part VIII, column (A), line (12)		527,870.	670,882.				
_	13		nilar amounts paid (Part IX, column (A), lines 13)		0.	0.				
	14		to or for members (Part IX, column (A), line 4)		0.	0.				
ų,					0.	0.				
136	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)		0.	0.				
Expenses	ь	Total fundrals	ng expenses (Part IX, column (D), fine 25)	39. 📜	1	1				
ũ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		485,323.	490,029.				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		485,323.	490,029.				
	19	Revenue less	expenses. Subtract line 18 from line 12		42,547.	180,853.				
Sor				<u>  B</u>	aginning of Current Year	End of Year				
Net Assets Fund Balan		Total assets (F			319,628.	502,750.				
<b>₹</b>			(Part X, line 26)		63,001.	65,270.				
			fund balances. Subtract line 21 from line 20		256,627.	437,480.				
		Signature								
			declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is				
true,	corre		Declaration of preparer (offer than officer) is based on all information of wi	nich prepare	r has any knowledge.					
			ncl 1 Denais		Bate Co. (C					
Sign		l' / ノ :			Date 8-14-	19				
Her	8		A DEMARCO, PRESIDENT rint name and title		<del></del>					
		· · · · · · · · · · · · · · · · · · ·		- A	Check   Check	TI PTIN				
Paid		Print/Type prep	P. ALMQUIST CYNTHIA P. ALMO			<del></del>				
	arer	Firm's name	TONNESON & COMPANY, PC	<u> </u>	Firm's EIN	04-2943536				
	Only	Firm's name			THAIL SELLY	<u> </u>				
	J,	1 1111 3 8001635	WAKEFIELD, MA 01880-6208		Phone no 7 R	1-245-9999				
May	the !!	RS discuss this	return with the preparer shown above? (see Instructions)		1 11038 110, 7 0	. X Yes No				
	01 11-2		or Paperwork Reduction Act Notice, see the separate instruction	11:WW.		Form 990 (2017)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2017)

Forn	1 990 (2017) THE NEW BOSTON PRIDE COMMITTEE, INC. 04-3488006	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
	THE NEW BOSTON PRIDE COMMITTEE, INC. PRODUCES EVENTS AND ACTIVITIES	TO
	ACHIEVE INCLUSIVITY, EQUALITY, RESPECT, AND AWARENESS IN GREATER	
	BOSTON AND BEYOND. FOSTERING DIVERSITY, UNITY, VISIBILITY, AND	
	DIGNITY, THE NEW BOSTON PRIDE COMMITTEE, INC. EDUCATES, COMMUNICATE	S,
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	i.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	and
	revenue, if any, for each program service reported	
4a		829. <sub>)</sub>
	THE NEW BOSTON PRIDE COMMITTEE, INC., SERVING THE LESBIAN, GAY,	
	BISEXUAL, TRANSGENDER (LGBT) AND ALLIED COMMUNITY, WORKS TO ENHANCE	
	VISIBILITY OF BOSTON'S LGBT COMMUNITY THROUGH A WEEK OF EVENTS EACH	
	JUNE, IN CONJUNCTION WITH YEAR ROUND ACTIVITIES, TO PROMOTE LGBT	
	AWARENESS, DIGNITY, AND UNDERSTANDING. DURING THE WEEK OF EVENTS IN	
	JUNE, OVER 500,000 PARTICIPANTS JOIN AND BENEFIT FROM THE ACTIVITIES	<u>s.</u>
	<del></del>	<del></del>
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	
		<del></del>
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	
	, (4.50.000	
		<del></del>
		<del></del>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 435,194.	
<del></del>		0 (2017)



# Form 990 (2017) THE NEW BOST Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	$\vdash$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			Х
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Α
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- J	
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40.	x	
	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$\neg \neg$	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		ŀ	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	ŀ	X
	compact comodule a, 1 arc III		990 (	
			1	,

Pa	rt IV. Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1 1		ĺ
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	[		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			l
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			Х
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			i
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		_	
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ĺ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ļ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		ļ	45
_	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ļ	•
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	x	ı
	Note. All Form 990 filers are required to complete Schedule O	38 Form		2017
		rorm	33V (	<u> </u>

Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	. !		
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		<del></del> -	
	(gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1		1 1
	filed for the calendar year ending with or within the year covered by this return 2a0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			- <del></del>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country. ▶			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>-</b>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		- }	v
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		<b></b>
7	Organizations that may receive deductible contributions under section 170(c).	<del></del>		$\frac{1}{x}$
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	i _ i	ĺ	х
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<del></del>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	$\dashv$	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the	<del>'''</del>	$\dashv$	
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		-	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	<del>- 1</del>		i
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	ĺ	i	. 1
11	Section 501(c)(12) organizations. Enter.	.		
а	Gross income from members or shareholders	.		
	Gross income from other sources (Do not net amounts due or paid to other sources against	- 1	ł	ł
_	amounts due or received from them.)			į
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			<u> </u>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			4
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ĺ	1
-	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	ļ	- 1	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990 (	2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI				<u>LX</u>
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7	ı		1
	If there are material differences in voting rights among members of the governing body, or if the governing				l
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		- 1		ł
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7	ł		l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		l		
	officer, director, trustee, or key employee?	-	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-	一		
•	of officers, directors, or trustees, or key employees to a management company or other person?	- {	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_ <u> </u>	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	·  -	5		X
6	Did the organization have members or stockholders?	·  -	6		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>	∸		
,	more members of the governing body?	1.	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·  -	-		
	persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	·  -	-		
_	The governing body?	-	Ba	X	
a		<u> </u>	-	X	
ь	Each committee with authority to act on behalf of the governing body?	<u> </u>	<u>8b</u>	<u>~</u> -	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		9		Х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9 ]		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		r	¬	
	<b>5</b> 11	Γ.	_	Yes	No_X
	Did the organization have local chapters, branches, or affiliates?	-	0a	—-	
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1.			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	• •	0b	<del></del>	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	n?   1	1a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	— -	<del></del> -	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	1	2b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		ļ	.,	
	ın Schedule O how this was done	· -	2c	<u>_x</u> _	
13	Did the organization have a written whistleblower policy?	• -	13		X
14	Did the organization have a written document retention and destruction policy?	ļ_'	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	- 1	ŀ	- 1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_			لـــــ
а	The organization's CEO, Executive Director, or top management official	1	5a		X
b	Other officers or key employees of the organization	. 1	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	_	]		
	taxable entity during the year?	. 1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	_	.		
	exempt status with respect to such arrangements?	1	6b		
Sect	tion C, Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►MA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s o	nly) ava	ulabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and fi	nanc	ıal	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	MALCOLM CAREY - 617-262-9405				
	12 CHANNEL STREET NO. 504, BOSTON, MA 02210				
732006	11-28-17	F	orm	990 (	(2017)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

(A) Name and Title	(B) Average				(C) Position			(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
Name and Title	hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			is bot	th an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LINDA DEMARCO	10.00	ĺ	ĺ	Í	ĺ	ĺ	ĺ			
PRESIDENT		X	_	Х	L	ļ	<u> </u>	0.	0.	0
(2) MALCOLM CAREY	5.00	١		١		1	l	1		_
TREASURER		X	<u> </u>	X	<u> </u>	<del> </del>		0.	0.	0
(3) MARTHA PLAZA	5.00	x		x	ŀ			0.	ο.	^
CLERK (4) MARCO TORRES	1.00	₽		^	_	-		<u> </u>	<u> </u>	0
DIRECTOR	1.00	x				İ		٥.	0.	0
(5) TINA ROSADO	1.00	A	-	$\vdash$	$\vdash$	-	├-			
DIRECTOR		x						0.	0.	0
(6) STEVEN CULLIPHER	1.00		-		_		-			_
DIRECTOR		$\mathbf{x}$						0.	0.	0
(7) DEBORAH DREW	1.00	T								
DIRECTOR		X				l	l	0.	0.	0.
		L	ļ			<u> </u>	<u> </u>			
		1	ł	ŀ						
		-	-	$\vdash$	-	┢	├─		<del></del>	
		1						;		
			<u> </u>				<u> </u>			
	<del>                                     </del>		$\vdash$	Н		$\vdash$	-			<u> </u>
		1								
							$\vdash$			
	<del>_</del>	<b> </b>	ļ	Щ			<u> </u>			
	<b> </b>									
	<del> </del>	-	<u> </u>	_	_		├─			
	<del></del>	l		1 1		ŀ	ı			

732009 11-28-17

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	nse or note to any line in			X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	<del></del>		-	
	and domestic governments. See Part IV, line 21				}
2	Grants and other assistance to domestic				i
	individuals. See Part IV, line 22				i
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals, See Part IV, lines 15 and 16			ļ	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	· · · · · · · · · · · · · · · · · · ·			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	_			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				·
а	Management				
b	Legal				
С	Accounting	17,280.		17,280.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	126,884.	126,884.		
12	Advertising and promotion	47,098.	47,098.		
13	Office expenses	13,590.	9,260.	4,330.	<del></del>
14	Information technology	25,685.	19,656.	6,029.	
15	Royalties				
16	Occupancy	26,771.	1,506.	25,265.	
17	Travel .	8,173.	8,173.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,374.	6,374.		
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,978.	6,978.		_ <del> </del>
23	Insurance	27,347.	26,452.	895.	<del></del> ,
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ENTERTAINMENT & EVENT P	142,821.	142,821.		
b	CHARITABLE DONATIONS	30,520.	30,520.		
С	BANK SERVICE FEES	10,508.	9,472.	997.	39.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	490,029.	435,194.	54,796.	39.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		İ		
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
732010	11-28-17				Form <b>990</b> (2017)

	T X	Check if Schedule O contains a response or no	te to ar	ny line in this Part Y	<del></del>		
		Orieck if Scriedule O Contains a response of 110	ie io al	ly une ill una l'all A	(A)		(B)
	т—				Beginning of year	_	End of year
	1	Cash - non-interest-bearing	274,812.	1	414,370		
	2	Savings and temporary cash investments	<del>-</del>	2			
	3	Pledges and grants receivable, net	17 000	3	F0 000		
	4	Accounts receivable, net .	<u> </u> _	17,000.	4	59,000	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated er	nployees. Complete	·		
	1	Part II of Schedule L		<u> </u> _		5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section		*****			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ats	1	employees' beneficiary organizations (see instr)	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7_	
٩.	8	Inventories for sale or use		_	2,480.	8	2,450
	9	Prepaid expenses and deferred charges		<u></u>	7,735.	9	8,490
	10a	Land, buildings, and equipment cost or other		<b>50 000</b>		:	
		basis. Complete Part VI of Schedule D	10a	59,009.	45 404		
	b	Less accumulated depreciation	10b	40,569.	17,601.	10c	18,440
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11	1		12	
	13	Investments - program-related. See Part IV, line	11 .			13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets .			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	319,628.	16	502,750		
	17	Accounts payable and accrued expenses	29,758.	17	36,770		
	18	Grants payable		. <u>L</u>		18	
	19	Deferred revenue			33,243.	19	28,500
	20	Tax-exempt bond liabilities .		_		20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
2	22	Loans and other payables to current and former	roffice	s, directors, trustees,			
		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L		L		22	
ı	23	Secured mortgages and notes payable to unrela	ated th	rd parties .		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties .		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
	1	Schedule D .		. <u>L</u>		25	
	26	Total liabilities. Add lines 17 through 25			63,001.	26	65,270
		Organizations that follow SFAS 117 (ASC 958	), chec	k here 🕨 🐰 and			
2		complete lines 27 through 29, and lines 33 and	d 34.	_			
2	27	Unrestricted net assets			247,354.	27	437,480
į	28	Temporarily restricted net assets			9,273.	28	0
2	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117 (A	SC 95	3), check here 🕨 🔲			
5		and complete lines 30 through 34.					
Section of the Database	30	Capital stock or trust principal, or current funds		. [		30	
}	31	Paid-in or capital surplus, or land, building, or eq	uipmei	nt fund		31	
;	32	Retained earnings, endowment, accumulated in				32	
:	33	Total net assets or fund balances		Γ	256,627.	33	437,480
	34	Total liabilities and net assets/fund balances			319,628.	34	502,750

Forn	1990 (2017) THE NEW BOSTON PRIDE COMMITTEE, INC.	04-34	88006	Page <b>12</b>
Pa	rt XII Reconciliation of Net Assets		_	
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>
			680	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,882.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,029.
3	Revenue less expenses. Subtract line 2 from line 1	3		,853.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	256	,627.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses .	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	437	,480.
<sub> </sub> Ra	rt·XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	т.	
				es No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	: O.		البيد إسا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit		
	Act and OMB Circular A-133?		3a	<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	90 (2017)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Name of the organization

THE NEW BOSTON PRIDE COMMITTEE, INC. Employer identification number 04-3488006

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 🔟 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. rts supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (iii) Type of organization (vi) Amount of other (i) Name of supported (v) Amount of monetary (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2017 THE NEW BOSTON PRIDE COMMITTEE, INC. 04-34880

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 04-3488006 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and					J	
	membership fees received (Do not						
	ınclude any "unusual grants.")	304,770.	392,687.	371,800.	446,808.	617,360.	2,133,425.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to					1	
	or expended on its behalf						
3	The value of services or facilities	i				i	
	furnished by a governmental unit to					]	l.
	the organization without charge						
4	Total. Add lines 1 through 3	304,770.	392,687.	371,800.	446,808.	617,360.	2,133,425.
5	The portion of total contributions						
	by each person (other than a	]				]	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	,				,	
	amount shown on line 11,	1					
	column (f)						
	Public support. Subtract line 5 from line 4	<u> </u>				l	2,133,425.
_	ction B. Total Support		<u>,</u>				
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	304,770.	392,687.	371,800.	446,808.	617,360.	2,133,425.
8	Gross income from interest,					1	
	dividends, payments received on						
	securities loans, rents, royalties,				200	00	4 000
	and income from similar sources				992.	28.	1,020.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	]				ļ	
	or loss from the sale of capital				4 070		4 070
	assets (Explain in Part VI.)				4,079.		4,079.
	Total support. Add lines 7 through 10						2,138,524. 8,948.
12		•	•			12	0,940.
13	First five years. If the Form 990 is for	· ·	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Se	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (	<del></del>		olumn (fl)	<del></del>	14	99.76 %
	Public support percentage from 2016		· ·		• •	15	99.71 %
	33 1/3% support test - 2017. If the			a line 13, and line :	ا 14 اھ 33 1/3% or m		
	stop here. The organization qualifies	-			14 15 55 17575 51 11	ioro, oricon and bo	<b>▶</b> X
ŀ	33 1/3% support test - 2016. If the		-		line 15 is 33 1/3%	or more check th	•
•	and stop here. The organization qual	•		•	1110 10 10 00 17070	or more, encountry	▶□
17a	10% -facts-and-circumstances tes		• •		e 13. 16a. or 16b. a	and line 14 is 10%	or more
	and if the organization meets the "fac	=					
	meets the "facts-and-circumstances"		·	•	•	•	▶□
b	10% -facts-and-circumstances tes	_	· ·				10% or
•	more, and if the organization meets the	=					
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization		•	•		••	
						dule A (Form 990	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sect	qualify under the tests listed b tion A. Public Support	elow, please com	plete Part II)		<del></del>		<del></del>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 20.17	(f) Total
		(a) 2013	(6) 2014	(6) 2015	(0) 2016	(6) 20,17	(i) iotai
	Gifts, grants, contributions, and membership fees received. (Do not						
	nclude any "unusual grants.")	]	1	1			
	, ,	<u></u>	<del> </del>	<del> </del> -		<del>  /                                   </del>	<u> </u>
	Gross receipts from admissions, merchandise sold or services per-					/	
	formed, or facilities furnished in					A .	
	any activity that is related to the	Ì	i	ĺ			1
(	organization's tax-exempt purpose			<u> </u>	/		
3 (	Gross receipts from activities that		1				
ā	are not an unrelated trade or bus-		1	ļ			
ı	ness under section 513						
4 1	Tax revenues levied for the organ-						
L	zation's benefit and either paid to	i					
(	or expended on its behalf				.Y		
5 1	The value of services or facilities			7	1		
	umished by a governmental unit to			/			
	he organization without charge				1		
	•	· · ·	<del></del>	<del>                                     </del>	<del>                                     </del>		
	Total. Add lines 1 through 5			<del>                                     </del>			
	Amounts included on lines 1, 2, and			/			
	B received from disqualified persons			<del> -/</del>	<del> </del>	<del></del>	
-	vmounts included on lines 2 and 3 received form other than disqualified persons that			/			
	xceed the greater of \$5,000 or 1% of the			./			
8	mount on line 13 for the year		//				
	Add lines 7a and 7b						
8 F	Public support. (Subtract line 7c from line 6.)			<u> </u>		<u> </u>	
<u>Sect</u>	ion B. Total Support			·	<del>_</del>		
Calen	dar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total_
9 /	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on ecurities loans, rents, royalties,		/	1			
	and income from similar sources		/	1			
ьl	Inrelated business taxable income						
(	less section 511 taxes) from businesses	/	į			1	
•	cquired after June 30, 1975	/		,			
	Add lines 10a and 10b	/		<del> </del>	-	+	<del></del>
	Net income from unrelated business	<del>/</del>		<del> </del>		+	<del></del>
	activities not included in line 10b,		ĺ	ĺ	1		
٧	whether or not the business is	/					
	egularly carried on	<del></del>		ļ	<del></del>	<del></del>	<del></del>
	Other income. Do not include gain or loss from the sale of capital		}	1	1		
а	issets (Explain in Part VI)	/		<u> </u>		-	
	otal support. (Add lines 9, 10c, 11, and 12)	/	L	<u> </u>	<u> </u>		
14 F	fir <b>st five years.</b> If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organız	ation,
	heck this box and stop here				<u>-</u>		
<u>Sect</u>	ion C. Computation of Publi	<u>ic Support Pe</u>	rcentage				
15 F	Public support percentage for 2017 (l	ine 8, column (f) d	ivided by line 13,	column (f)) .	•	15	%
16 F	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Sect	ion D. Computation of Inves	stment Incom	e Percentage				
17 li	nvestment income percentage for 20	17 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18 li	nvestment income percentage from 2	2016 Schedule A,	Part III, line 17			18	%
	3 1/3% support tests - 2017. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
	nore than 33 1/3%, check this box ar						ightharpoons
	3 1/3% support tests - 2016. If the		_				and
	ne 18 is not more than 33 1/3%, che						ightharpoons
	rivate foundation. If the organization						
	10-06-17	Sie not encon a	227 0.7 1.7 10			edule A (Form 990	or 990-FZ) 2017

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All	Supporting	<b>Organizations</b>
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- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b In Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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Part IV  Supporting Organizations (continued)			<u>48800</u>	6 P	age 5
11 Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or infortively centrols, either abins or together with persons discheding (c) below, the governing body of a supported organization?  A family member of a person described in (a) or (b) above? (f) "Yes" to a, b, or c, provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, tostess, or membership of one or more supported organizations have the power to regularly appoint or client at least a majority of the organization's directors or trustees at all times during the tay year? (f) "No", describe in Part VI how the supported organization's directors or trustees at all times during the tay year? (f) "No", describe a part VI how the supported organization's directors or trustees were silicated among the supported organization and what conditions or restrictions, flarly applied to such powers during that by supported organization or the third than the supported organization and what conditions or restrictions, flarly applied to such powers during that by supported organization or supported organization or supported organization or supported organization organization (f) that operated, supervised, or controlled the supported organization of the than the supported organization (f) that operated, supporting Organizations  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(f)? (f) "No", describe in Part VI how control or management of the supporting Organizations  1 Were a majority of the organization's supported organization for the supported organization for the supported organization's governing documents in effect or the date of indication, to the extent not previously become organization's governing documents in effect or the	Pa	rt IV   Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) blook, the governing body of a supported organization?  b A tamily member of a person described in (a) above?  c A 39% controlled entry of a person described in (a) of (b) above?!  7. A 39% controlled entry of a person described in (a) of (b) above?!  8. Type I Supporting Organizations  1. Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a morely of the organization* directors or trustees at all times during the tax year? If "No," describe he proper and/or remove electrons or trustees at all times during the tax year? If "No," describe he popen and/or remove electrons or trustees were ellicated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year and conditions or restrictions, if any, applied to such powers during the tax year and the powers of the benefit of any supported organization of the organization or trustees of each of the organization or trustees during the tax year also a majority of the directors or trustees of each of the organization organization organization and the supported organization organization organization organization organization organization organization organization organization organization organization organization organization org				Yes	No
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		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			

Sche	edule A (Form 990 or 990-EZ) 2017 THE NEW BOSTON PRIDE CO	MMIT'	TEE, INC.	04-3488006 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain ii	n Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4_		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	<sup></sup> ]		
	collection of gross income or for management, conservation, or			1
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			1
	factors (explain in detail in Part VI)			1
2	Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1 1		
	see instructions)	4	·	
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	J		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990 EZ) 2017 THE NEW BOSTON PRIDE COMMITTEE, INC. 04-3488006 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2017 a l **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder, Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Part V	Part line 1 Secti	<b>pleme</b> V, Section . Part IV	<b>ntal I</b> on A, III , Section es 5, 6	nforines 1,	<b>matio</b> 2, 3b, 3 ines 2 a	<b>n.</b> Pro 3c, 4b, and 3.	vide the 4c, 5a, Part IV, S	explana 6, 9a, 9t Section	PRIDE	by Part I o, and 11 , 2b, 3a, a	II, line 10, P c, Part IV, S and 3b, Par	art II, line lection B t V, line	e 17a or 17b , lines 1 and I, Part V, Sec	2, Part IV, 9 ction B, line	e 12, Section C,
PART	II,	LINE	1 E	EXPI	LANA	TIOI	N								
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#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE NEW BOSTON PRIDE COMMITTEE. INC.

**Employer identification number** 04-3488006

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		·
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		=
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	•	
	impermissible private benefit?	of deficit devices, or for any extres purpose of	Yes No
Pa		panization answered "Yes" on Form 990, Pa	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certific	• •
	Preservation of open space	Treservation of a certific	ed historic structure
2	Complete lines 2a through 2d if the organization held a qualit	find conceniation contribution in the form of	f a consequation easement on the last
~	day of the tax year.	med conservation contribution in the form of	Held at the End of the Tax Year
_	Total number of conservation easements		2a
a 	•••		2b
b	Total acreage restricted by conservation easements	· · · · · · · · · · · · · · · · · · ·	· <del></del>
c	Number of conservation easements on a certified historic str	• •	2c
a	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur	
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	<del></del>	
5	Does the organization have a written policy regarding the per	• • • • • • • • • • • • • • • • • • • •	<b>—</b> —
	violations, and enforcement of the conservation easements		. L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	ne organization's accounting for
_	conservation easements.	(A 1 11'-1-1-17'	Olas Handa
Pai	t III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial g	gain, provide
	the following amounts required to be reported under SFAS 1		-
а	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X	·	<b>\$</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

732051 10-09-17

Schedule D (Form 990) 2017

Sobo	dule D (Form 990) 2017 THE NEW	BOSTON PE	ACT S	СОММТТ	ד . אאייי	NC.		04-34	88006	Page 2
	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi									
3	(check all that apply)	ion, and other recor	us, criec	on any or the	ionowing at	at alc a s	igi iiiloai ii	400 01 110	Concellon	items
а	Public exhibition	,	a 🗀	I nan or evo	change progi	rame				
b	Scholarly research			Other	mange progr	iains				
	Preservation for future generations	•	•	Ourier						
C	Provide a description of the organization's co	allostions and avale	un haw t	hay further t	the ergenizat	tion's ava	mot nurn	oce in Par	+ VIII	
4								USE III Fai	t Aili.	
5	During the year, did the organization solicit of		-		-	ner similai	assets	_	Yes	□ No
Pai	to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more to be sold to raise funds rather than to be more than the					"Voc" on	Form 00	O Port IV		
<u> </u>	reported an amount on Form 990, Pa		iete ii tii	e organizani	JII alisweieu	163 011	11 01111 99	J, r alt IV,	III 16 3, Of	
12	Is the organization an agent, trustee, custod		diany for	r contribution	ns or other a	ssets not	included			
ıa	F 000 D+ V0		dialy ioi	COMMIDATION	iis oi otilei a	33613 1101	ii iciaaea	r	Yes	□ No
h	If "Yes," explain the arrangement in Part XIII	 and complete the f	 Ollowina	table	•	• ••	•		169	
	ii res, explain the analyement in rait Am	and complete the n	Unuving	labic					Amount	
_	Regionana balanca						140		Anount	
C	Beginning balance						1c			
	Additions during the year	•			•	•	. 1d			
_	Distributions during the year			•			1e			
f O-	Ending balance	anno 000 Dant V Inn	- 04 6			المامثا فسنتم	11	<del></del>	Yes	TINA
	Did the organization include an amount on Fif "Yes," explain the arrangement in Part XIII.							L	l tes	⊢ No
	t V   Endowment Funds. Complete i						_			
- 4.	Endownione Lands: Complete t	(a) Current year	$\overline{}$	Prior year	(c) Two yea		(d) Three y	ugare hack	(a) Four	ears back
10	Regioning of veer belones	(a) Current year	- ( <del>b)                                   </del>	Tior year	(C) 140 900	II S DUCK	(d) Thice )	Curs Duck	(e) rour y	Cars back
1a	Beginning of year balance		<del> </del>	,	<u> </u>					
b	Contributions		<del>                                     </del>		<del></del>	<del></del>				
c	Net investment earnings, gains, and losses		<b>}</b>		ļ					<del></del>
d	Grants or scholarships	<u></u>	<del> </del>							
е	Other expenditures for facilities									
	and programs		-		<del> </del>					<del></del>
f	Administrative expenses	-			<del> </del>					
g	End of year balance .				L	i	_			
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	lg, column (a	a)) held as <sup>.</sup>					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ınd admınıstı	ered for ti	he organiz	zation	_	
	by.								<del></del>	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	• •							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	Schedule R?	•				3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 99	0, Part I	V, line 11a S	See Form 99	0, Part X,	line 10			
	Description of property	(a) Cost or o		1 ''	or other	1	ccumulate		(d) Book	value
	*** <u>***</u>	basis (investi	ment)	basis	(other)	dep	preciation			
1a	Land					ļ				
b	Buildings									
С	Leasehold improvements			<u></u>			4 = -			
d	Equipment			5	9,009.		40,5	69.	18	,440.
е	Other									
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990 Part	X colui	mn (R) line 1	(Oc.)				18	,440.

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 THE NEW BOSTON PRIDE COM	MMITTEE, I	NC.	04-34880	06 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With F	Revenue per R	etum.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a			
1 Total revenue, gains, and other support per audited financial statements			1 6	70,882.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a Net unrealized gains (losses) on investments	2a		-	
b Donated services and use of facilities	2b		İ	
c Recoveries of prior year grants	2c	<del></del> ,		
d Other (Describe in Part XIII.)	. <u>2</u> d			•
e Add lines 2a through 2d			2e	0.
3 Subtract line 2e from line 1			3 6	70,882.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		_	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		.	
b Other (Describe in Part XIII )	4b			0
c Add lines 4a and 4b		• •	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	Annona Wille	Evnanaaa		70,882.
Part XII Reconciliation of Expenses per Audited Financial Sta		Expenses per	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a			00 020
1 Total expenses and losses per audited financial statements	•		1 4	90,029.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 - 1			
a Donated services and use of facilities	2a		1	
b Prior year adjustments	2b	<del></del>		
c Other losses	. 2c			
d Other (Describe in Part XIII )	2d			0
e Add lines 2a through 2d		ĺ	2e	0.
3 Subtract line 2e from line 1			3 4	90,029.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII )	4b		<u>`</u>	•
c Add lines 4a and 4b			4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)		5 4	90,029.
Part XIII Supplemental Information.			<del></del>	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,			I, Part X, line 2,	Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional informa	ition		
<del></del>	<del></del>			
PART X, LINE 2:				
PART A, DINE Z:	·			
IN DETERMINING THE RECOGNITION OF UNCERTAIN	מס צביי ווו	VISTONS	THE	
IN DETERMINING THE RECOGNITION OF UNCERTAIN	IN IAM PRO	VIDIOND,	111111	
ORGANIZATION APPLIES A MORE-LIKELY-THAN-NO	TRECOGNI	TON THRE	MA GIOHP	ח
	71 MECOGINE	11011 1111(1)	DIIOLD III	<del></del>
DETERMINES THE MEASUREMENT OF UNCERTAIN TA	X POSITIO	NS CONSID	ERING TH	E
AMOUNTS AND PROBABILITIES OF THE OUTCOMES	THAT COUL	D BE REAL	IZED UPO	N
ULTIMATE SETTLEMENT WITH TAXING AUTHORITIE	ES. AS OF	SEPTEMBER	30. 201	8. THE
				<del>-,</del>
ORGANIZATION HAS NO UNCERTAIN TAX POSITION	IS THAT OU	ALIFY FOR	EITHER	
RECOGNITION OR DISCLOSURE IN THE FINANCIAL	STATEMEN	TS.		
		<del></del>	··	
	<del></del>			<del></del>

#### SCHEDULE L

**Transactions With Interested Persons** 

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	<b>▶</b> (	3o to v	-			990 or For nstruction		Z. e latest information.				en To pecti		lic
Name of the organizatio	n								Emple	oyer	identif	icatio	on nu	ımber
			OSTON I								880C	16_		
Part I Excess	Benefit Trans	sacti	ons (section	1 501(c)(	3), sec	tion 501(c)(	4), and 50	01(c)(29) organization	is only).	-				
Complete	f the organization	n ansv	vered "Yes" o	on Form	990, P	art IV, line 2	25a or 25	b, or Form 990-EZ, P	art V, lin	e 40	b.			
1 (a) Name of disqual	lefinal manage	(b) R	lelationship b			lified		c) Description of tran				(d) (	Corre	cted?
(a) Name of disquar	illea person		person and	organiz	ation			C) Description of tran	saction			Ye	s	No
												$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	$\perp$	
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2 Enter the amount o	of tax incurred by	the o	rganization m	nanagers	s or dis	qualified pe	ersons du	iring the year under	_	_				
section 4958							•		<b>•</b>	· \$_			_	
3 Enter the amount o	of tax, if any, on i	ne 2, a	above, reimbi	ursed by	the o	rganization	•	•		• \$ _				
Part III Loans to	and/or From	n Int	erested P	ersons				<del></del>						
<u> </u>						7 Part V In	0 382 or	Form 990, Part IV, lin	0.26 or	ıf the	a araar	uzatic	<b>.</b> .	
•	n amount on For					-, r ait <b>v</b> , iii	e 50a 0i	1 01111 330, 1 211 17, 1111	6 20, 0		s Olyai	IIZALIO	,,,	
(a) Name of	(b) Relatio		(c) Purpose	e (d) L	oan to or	(e) Ori	ginal	(f) Balance due	(g) Ir	, (	(h) Appr	oved	(i) W	/ritten
interested person			of loan	I troi	m the	principal		(1) Dala 1100 dae	ا مستقف ا		by boar commit		Ottoomont?	
	ļ	Į			From	1			Yes I	No	Yes	No	Yes	No
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Total	r Assistance	Box	ofiting Int	torocto	A Do	reone	<u> </u>		·					
			_				_							
	f the organization					<del>                                     </del>				т				<del>,                                     </del>
(a) Name of Intere	stea person	(	<ul> <li>b) Relationsh interested p the organ</li> </ul>	erson ar			nount of stance	(d) Type assistan				Purpo ssista		ľ
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

	-	t IV, line 28a, 28 en interested ganization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever Yes	ation's
(a) Name of Interested person	(b) Relationship betwee person and the org	en interested ganization	(c) Amount of transaction	transaction	organiz rever	ation's
LINDA DEMARCO	PRESIDENT OF	BOSTON	20.	BOSTON PRID	Yes	
				<b></b>		No X
		<del></del>		<del></del>		
<del> </del>						
D-1974						
PartiV. Supplemental Information  Provide additional information for respon	nses to questions on S	chedule L (see ır	structions).			
				ED PERGONA		
SCH L, PART IV, BUSINESS TR	CANSACTIONS	TMAOPATM	G INTEREST	ED PERSONS:		
(A) NAME OF PERSON: LINDA D	EMARCO					
(B) RELATIONSHIP BETWEEN IN	TWEDECHED DE	ים פראז אאדם	ODC 3 NT 7 3 M	TON.		
(b) RELATIONSHIP BETWEEN IN	IERESIED PE	KBON AND	ORGANIZAI	TON:		
PRESIDENT OF BOSTON PRIDE A	ND INTER PR	IDE		····		_
(D) DESCRIPTION OF TRANSACT	ידראוי פרקיירא	מ אחדשם ז	AVS REGIST	RATION FEES	ሞር	
(b) bescription of transact	TON. BOSTON	FRIDE F	AID REGIST	KATTON PEED	10	
INTER PRIDE.						
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Schedule L (Form 990 or 990-EZ) 2017

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2017

Open to Public Inspection

**Employer identification number** Name of the organization 04-3488006 THE NEW BOSTON PRIDE COMMITTEE, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ALLIED COMMUNITY, WORKS TO ENHANCE THE VISIBILITY OF BOSTON'S LGBT COMMUNITY THROUGH A WEEK OF EVENTS EACH JUNE, IN CONJUNCTION WITH YEAR-ROUND ACTIVITIES, TO PROMOTE LGBT AWARENESS, DIGNITY, AND UNDERSTANDING. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND ADVOCATES BY BUILDING AND STRENGTHENING COMMUNITY CONNECTIONS. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE REVIEWS THE FORM 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, BOARD MEMBERS ARE ASKED IF THEY HAVE ANY CONFLICTS OF INTEREST AND THEIR ANSWERS ARE RECORDED IN THE BOARD OF DIRECTORS' MEETING MINUTES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: MAINTENANCE SERVICES: 7,085. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. 0. FUNDRAISING EXPENSES 7,085. TOTAL EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990:EZ) (2017)  Name of the organization	Page 2 Employer identification number
THE NEW BOSTON PRIDE COMMITTEE, INC.	
DRIBE GUIDE GONGULTING DRIMING & DIGERLINGTON	
PRIDE GUIDE CONSULTING, PRINTING & DISTRIBUTION:	
PROGRAM SERVICE EXPENSES	46,855.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,855.
POLICE, FIRE & EMS:	
PROGRAM SERVICE EXPENSES	4,650.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,650.
AUDIO SYSTEMS:	
PROGRAM SERVICE EXPENSES	41,610.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	41,610.
OTHER EVENT CONTRACTORS:	
PROGRAM SERVICE EXPENSES	2,745.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,745.
CAMEDING CEDUICES.	
CATERING SERVICES:	0.244
PROGRAM SERVICE EXPENSES	9,344.
MANAGEMENT AND GENERAL EXPENSES  732212 09-07-17	0 . Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization THE NEW BOSTON PRIDE COMMITTEE, INC.	Employer identification number 04-3488006
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,344.
SECURITY SERVICES:	
PROGRAM SERVICE EXPENSES	4,125.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,125.
AD SALES:	
PROGRAM SERVICE EXPENSES	3,120.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,120.
PHOTOGRAPHY/VIDEO SERVICES:	
PROGRAM SERVICE EXPENSES	7,350.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,350.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	126,884.
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